

10/5/2018

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2	/		/				52							
3	/		/				53							
4	/		/				54							
5	/		/				55							
6	/		/				56							
7	/		/				57							
8	/		/				58							
9	XO		/				59							
10	/		/				60							
11	/		/				61							
12	/		/				62							
13	/		/				63							
14	/		/				64							
15	/		/				65							
16	/		/				66							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		3				TOTAL IND.							
TOTAL DEP.	4		3					↓	↓	↓				
TOTAL CLAIMS	4		3				TOTAL DEP.							
								←	←	←				
							TOTAL CLAIMS							